

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # L05000037405

2008 SEP 23 P 46

1. Limited Liability Company's Name

IDLE HOURS GROUP, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400136263264
09/23/08--01045--003 **377.50

400136263264
09/23/08--01045--004 **5.00

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

6309 Corporate CT

Suite, Apt. #, etc.

115

City & State

Fort Myers, FL

Zip

33919

Country

3. Mailing Office Address

c/o Reid & Balivet

Suite, Apt. #, etc.

P.O. Box 11

City & State

Danville, VT

Zip

05929

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 04/18/2005

6. FEI Number

20-2705337

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Richard A. Donner CPA PA

Street Address (P.O. Box Number is Not Acceptable)

6309 Corporate CT

Suite, Apt. #, Etc.

115

City

Fort Myers

State
FL

Zip Code

33919

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/12/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Salt Enterprises Inc.	12340 Flintlock Lane	Fort Myers, FL 33912
MGRM	Lawrence Beaudry	5920 Sailfish Road	Bokeelia, FL 33922

REINSTATEMENT

07-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 9/12/08

Daytime Phone # 239-850-3935

Typed or printed name of signing Managing Member/Manager

Lisa H. Donner, MM/agent